

CLAIMS ONLY

Application Number

10-691727

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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50						
Total Indep.						
Total Depend.						
Total Claims						

May be used for additional claims or amendments

	MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS	
	Indep.	Depend.
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100		
Total Indep.		
Total Depend.		
Total Claims		